15/5/2010

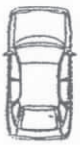
INS. CASE OWNER: TE | CC4 / AXA1800 6674, Flem3 | LKK: IDAC:

ASSIGNMENT

Surveyor: Calvin DOI: 1-4-18 Date / Time : 1-4-18

Registered in Merimen: 10/4/18 by AX

Pre-assign / CCU / FTE



Insured Vehicle No. : SHC5434M Claim No. : C0473942

Name of Insured : TRANS CAB SERVICES P/L Policy No. : P1680520

Insured Tel No. : HP: Make / Model :

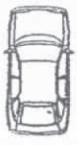
Excess Sec II :S$ 5,000.00 D.O.A : 8/4/18 Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

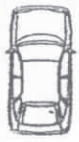
Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

SHA3905U → → →

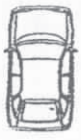


INSRS:
WSP: COLE BROS.
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHA3905U - CLM/111880415G/Umb3 ; DOA: 1/2/18
	SHC5434M - X

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	☐	☐
After call ltr to OI:	☐	☐
Authorisation To Act:	☐	☐
Release Voucher:	☐	☐
Final Repair Bill:	☐	☐
Car Rental Invoice:	☐	☐
Towing Invoice	☐	☐
LTA / GIA :	☐	☐
Medical Bill:	☐	☐
PIR:	☐	☐
Mandate/Reject Instruction:	☐	☐
LOD	☐	☐
Payment Breakdown Form:		☐
Post-Repair Photos:	☐	☐
Others:	☐	☐

PRELIMINARY ADVICE	Date/Time:	Sent By:	
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	S$ (days)	Reduction: %	Email ☐ Call ☐
FINAL SETTLEMENT	Date/Time:	Confirm with	Email ☐ Call ☐
Final Liability:	% (Agreed / Assessed)	BOLA S/N No. :	If NO or B 28, Ass. Lia :
Repair Cost:	S$		
Loss of Rental (LOR):	S$ (days)		
Loss of Use (LOU):	S$ ($ x days)		
Loss of Income (LOI):	S$ ($ x days)		
LOR only ☐ LOU only ☐	LOR + LOU ☐	LOR + LOI ☐ **[Tick only one]**	
GIA/LTA Search	S$		
Medical:	S$		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$		3) Survey fee:
Total:	**S$**	**Global Sum S$:**	
FINAL PAYMENT	Date/Time:	Confirm with:	Email ☐ Call ☐

Payee 1:	S$	Name 1:	
Payee 2: (Strike if N.A.)	S$	Name 2:	
Payee 3: (Strike if N.A.)	S$	Name 3:	

(08/11/13)

Surveyor: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHA 3905 Y Yr Regn: 3 Jan 2014

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Hyundai I40 c.c 1685

Colour Blue A/C: Insured / Std / NI / NA

Sp.Reading 71462 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41AADU043359

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi : Nil / S/Rim / STD A/Rim or _____

Tyre Size; F: 205/60 R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Wanda

Front		Rear	
R/Bal.	7 mm	R/Bal.	7 mm
L/Bal.	7 mm	L/Bal.	7 mm
D.O.A.	8/4/18	D.O.I.	11/4/18

Survey held at CDGE (Loyang)

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	AXA 4s

Date/Time, File Pass to?

1) _____

Date/Time, File Return to?

2) _____

☐ : Prell. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp ($ _____)

☐ : Interview ($ _____)

Survey Fee:

Transportation: ___S + RS, ___SI

Photos

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

Date/Time: 10.04.2018 08:34 Page : 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO: 305140227

CUSTOMER	COMFORT TRANSPORTATION PTE LTD
A/MS CUSTOMER NO.	7010045
ADDRESS	383 SIN MING DRIVE Singapore SINGAPORE 575717
TEL. (R)	65508755 (O)
(P)	
DISCOUNT CARD NO.	

VARS

B

REGN NO.: SHA3905U	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL: I-40	DATE/TIME IN: 09.04.2018 15:05
YR OF MANU: 03.01.2014	TARGET DATE
CHASSIS CODE: KMHLB41UMDU043359	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 08.04.2018
NATURE: 3P 08.04.2018

S/NO	LABOR CODE	DESCRIPTION
	AXA - taxi Rear damage	

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Date:

Job No.:

Vehicle No.: SHA3905U LARRY

Larry Ng

Name of Service Advisor Signature/Date

Please returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHA3905U

Name of Service Advisor Date

To be kept by Security Guard